

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	Heregulin-like Factor
Attorney Docket Number::	PF383D1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	6
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Paul
Middle Name::	E.
Family Name::	Young
City of Residence::	Gaithersburg
Country of Residence::	MD
Street of mailing address::	207 Beckwith Street
City of mailing address::	Gaithersburg
State or Province of mailing address::	MD
Postal or Zip Code of mailing address::	20878

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richter
Middle Name:: C.
Family Name:: King
City of Residence:: Washington
State or Province of Residence:: DC
Country of Residence:: US
Street of mailing address:: 1840 Park Road, N.W.
City of mailing address:: Washington
State or Province of mailing address:: DC
Postal or Zip Code of mailing address:: 20010

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mia
Family Name:: Hijazi
City of Residence:: Washington
State or Province of Residence:: DC
Country of Residence:: US
Street of mailing address:: 2217 40th Street, N.W., Apt. 1
City of mailing address:: Washington
State or Province of mailing address:: DC
Postal or Zip Code of mailing address:: 20007

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Steven
Middle Name:: M.

Family Name:: Ruben
City of Residence:: Brookeville
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 19420 Pyrite Lane
City of mailing address:: Brookeville
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20833

Correspondence Information

Correspondence Customer Number:: 22195

Representative Information

Representative Customer Number:: 22195

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/097,681	06/16/98
09/097,681	Application claiming the benefit under 35 USC 119(e)	60/049,942	06/17/97

Assignee Information

Assignee name:: Human Genome Sciences, Inc.
Street of mailing address:: 9410 Key West Avenue
City of mailing address:: Rockville
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20850

Assignee name:: Georgetown University Medical Center
Street of mailing address:: 400 Reservoir Road, Suite 177, Bldg. D
City of mailing address:: Washington

State or Province of mailing address:: DC

Postal or Zip Code of mailing address:: 20007